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MARGEN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>165</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>644</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____		No. _____	St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Sylvanus De La Riva</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Sept. 28, 1923</u>	7. Month _____ day _____ year _____	8. No. in order of birth <u>4</u>	
FATHER		MOTHER	
9. Full name <u>Pedro De La Riva</u>	10. Full maiden name <u>Felez De La Riva</u>	11. Residence (Usual place of abode) <u>Miami, Ariz.</u>	12. Residence (Usual place of abode) <u>Miami, Ariz.</u>
13. Color or race <u>Mex</u>	14. Color or race <u>Mex</u>	15. Age at last birthday <u>35</u> (Years)	16. Age at last birthday <u>29</u> (Years)
17. Birthplace (city or place) <u>Zacatecas, Mexico</u>	18. Birthplace (city or place) <u>Zacatecas, Mexico</u>	19. Occupation <u>Miner</u>	20. Occupation <u>Housewife</u>
21. Number of children of this mother (a) Born alive and now living <u>4</u>	(b) Born alive but now dead _____	(c) Stillborn _____	22. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>D. M. Cron M. W.</u>	
Given name added from supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		Filed <u>Oct 31</u> 19 <u>23</u>	
Registrar. _____		Filed <u>11-6</u> 19 <u>23</u>	
		Local Registrar. <u>C. B. Smith</u>	
		County Registrar. <u>B. J. Fox</u>	

241-928-641